

## The HIV/AIDS Epidemic

### How Serious Is It?

The HIV/AIDS epidemic has taken a tremendous toll on people in the United States. From the beginning of the epidemic in 1981 through 2000, an estimated 1.3–1.4 million people in this country have been infected with HIV. Of these, about one third (approximately 450,000) have died.

Despite declines in new infections in the early 1990s, more people are living with HIV/AIDS than ever before. As of 2000, between 850,000 and 950,000 people are estimated to be living with HIV or AIDS. About one quarter of these people are unaware of their infection, which puts them and others at risk. Those who do not know that they are infected cannot take advantage of treatment and may unknowingly transmit HIV to others. And even of the three quarters (approximately 670,000) who do know that they are HIV-infected, one third may not be receiving ongoing care. About half (42%–59%) of all HIV-infected people may be untested, untreated, or both.

### AIDS

New AIDS cases and deaths have declined dramatically since the beginning of the epidemic. However, this decline began to stabilize in 1999 and may not drop further unless new HIV infections also decrease or new treatments are developed. The decline in AIDS cases should not be confused with a decline in new HIV infections or an end to the epidemic. It means only that fewer HIV infections are progressing to AIDS.

### HIV

New HIV infections have also declined but have remained stable for several years. At an estimated 40,000 new HIV infections per year, this number is unacceptably high. It represents the spreading of the epidemic into new, vulnerable populations.

Although effective treatment will ensure that fewer HIV infections progress to AIDS, it means that more and more people will be living with HIV, producing a wellspring of potential new infections. It is also important to

Despite declines in new infections in the early 1990s, more people are living with HIV/AIDS than ever before.



# What Is the Magnitude?

note that treatment does not cure HIV infection. And no one knows whether treatment may produce long-term adverse effects or whether the drugs will remain effective. These realities underscore the importance of tracking the epidemic and using scientifically proven prevention programs to protect the people who are most at risk.

## How Is It Changing?

The epidemic is changing in terms of how many people are living with HIV, where they are living, who is most vulnerable, and how we track the epidemic.

- ▲ **More people are living with HIV.** Because of treatment advances, people with HIV are living longer. As a result, more people are living with HIV today than at any other time during the history of the epidemic.
- ▲ **The epidemic keeps moving.** The HIV/AIDS epidemic varies considerably across the country, not only by region, but within regions and states, and even within communities. Currently (as well as for the past several years), many people with AIDS live in rural areas or small cities in the South.
- ▲ **New populations are being affected.** In addition to the groups who have been at highest risk since the beginning of the epidemic—MSM and IDUS—other groups are now at increasing risk for HIV.
  - **Racial and ethnic minorities.** The epidemic has expanded from primarily affecting white people to primarily affecting people of color.
  - **Women.** Heterosexual transmission is occurring more frequently, especially from men to women.
  - **Youth.** New generations are replacing those who benefited from early prevention strategies.
- ▲ **Tracking the epidemic is more complex.** Early on, CDC tracked the epidemic by monitoring new AIDS cases. Today, trends in the epidemic are better reflected by new HIV infections, which are more difficult to track. New HIV infections cannot be measured directly because many newly infected people do not get tested, and a positive test result alone does not indicate whether the infection is recent.

The epidemic is changing in terms of how many people are living with HIV, where they are living, who is most vulnerable, and how we track the epidemic.